

Marge Bye

Q: What inspired you to become a nurse?

Oh, I haven't been asked that in a long time. I actually had an event. I was in grade school, maybe about 10, 11 years old, and the girl seated right in front of me had an epileptic seizure and she started having a really severe seizure and nobody seemed to do anything and I went up and tried to see if I could help her. And I thought maybe this is what my role is in life. And that was like the event. I thought I can do this. I like helping people. And I also had an aunt who was a Navy nurse and she traveled all over the world and had a very glamorous life and I thought, 'Oh! That sounds good!' And those were probably the 2 reasons I chose nursing and I've loved it. It's been the most satisfying thing that anyone can do.

Q: How did you decide to advance your education?

Well, I was a staff nurse in a hospital in Raleigh and I had a life transition. I actually was going through a divorce, and I thought I would need to support myself, make more money. And I'd always enjoyed learning. I just love to be in classroom and find out new and interesting things. So I decided to go back to graduate school at that time, which I do not recommend. Going back to graduate school and getting a divorce at the same time was kind of tough, but graduate school was very enlightening. I learned more assertive skills. I certainly had exposure to the profession at a deeper level. It was quite a growth experience. And then I was teaching at Duke Univ. with a master's degree and they said well you really need a doctoral degree if you want to continue on as faculty. So I decided to go back and get my doctoral degree and I went to NC State and got an adult education. So that was the reason I went back, but I'll have to say, I enjoyed my programs and I have found that everything I learned in adult education, I've been able to use as an AHEC nurse because here we are dealing with people and assessing their needs and planning strategies to meet them. So it ended up to be pretty providential.

Q: Can you explain AHEC?

Well, it's a lot of things, so it's hard to give a short, succinct explanation, but basically the idea is to take the educational resources of the university and to decentralize or to regionalize them. And so the 9 AHECs grew up and were developed so that there would be opportunities for clinical experiences for students in all parts of our states, particularly in our rural and remote and underserved areas where students can have clinical experiences through the AHECs. And also, the AHECs as area health education centers are resource centers for health providers in that region. And they offer a huge array of services and educational opportunities for nurses and other health care providers. So that's the idea, that the university was going to where the people were.

Q: Do instructors from the universities go to these remote locations or do students come to the universities?

Well, the AHEC program is a mechanism for the students from the schools to go into the communities in the AHECs and have clinical experiences. So you primarily have students coming from the campuses out into hospitals, home health, schools or wherever their clinical experiences in that community are.

Q: What are the superlatives associated with NC's AHEC program?

Well, we're really proud of the program. And I just am so privileged to have been a part of it for almost 20 years now. It's just been wonderful. I think if you look at our roots, starting back at 1972, there were some informal arrangements that some of the physicians at the UNC medical school had in some of the parts of the state. So those 3 AHECs that sort of were the forerunners of the whole program in Charlotte, in Wilmington and in Rocky Mount, there were some relationships in place and that was the foundation for writing that federal grant that we could take our health science students and rotate them through parts of the state where they would get real life experiences, and hopefully, have such wonderful clinical experiences that they would then stay there and practice. And from 1972, from those 3 AHECs we then grew to the 9 regional health education centers who a part of a coordinated state-wide system. And you know our program office is at UNC-CH in the School of Medicine. And they just offer all types of educational services now for practicing nurses and other health care providers.

Q: How was NC able to get such a large initial AHEC grant?

Well, my understanding in talking with Audrey Booth and Faye Pickard and some of our founding mothers and founding fathers was that we were a very rural state, and still are. And so, I think some saw this as an opportunity for us to develop a system where health science students would rotate through the AHECs and hopefully that is one of the ways to address the primary care or access to health care issues in our state. So, I think the fact that we have a rural state really worked in our favor.

Q: What about the university's mission of outreach to the state?

Exactly, I agree exactly with you. I think the AHEC program is a prime example of service of the university to the citizens in NC. And the AHECs are so useful because they are perceived as neutral. They're catalytic, they can bring people together around a conference table that might not otherwise be there. Education and service groups come together and design educational responses to identified needs. So, yes, I think that AHECs partner very well with the universities and also partner with all types of service and other educational institutions.

Q: How does AHEC facilitate RN to BSN programs?

I can, in fact I can probably tell you the story of how some of that got started and that was at the Fayetteville are which is now Southern Regional AHEC. And the AHEC nurse at that time had nurses in her region who were very interested in getting a baccalaureate degree and at that time, Fayetteville had no school of nursing programs that were

convenient and accessible to her nurses. So Barbara Jo McGrath Foley who was the nurse, worked with her community, had a tremendous amount of support and then worked with UNC-Chapel Hill School of Nursing and the first off-campus RN to BSN program was born. And from that time, AHEC has supported a number of off-campus programs for working nurses who can live and stay in their home communities and work towards obtaining their baccalaureate degree. So they've been very successful and AHECs provide a tremendous amount of support to schools of nursing and that kind of venture.

Q: How do the off-campus RN to BSN programs work?

Well, generally the AHEC nurse would be assessing needs and that need would come to his or her attention that there are a group of nurses there that there isn't an accessible, near-by program where they could get their baccalaureate degree. And then they generally request from a local university school of nursing for them to consider having an off-campus degree program in their area. Now, usually you need to have a critical mass of about 20 or 25 students and there are supportive efforts that the AHECs offer to the programs such as classroom space, audio-visuals, computers, whatever that program might need to come to that region. And, of course, there is financial support to the schools of nursing through the AHECs. And they have been very successful. We have been able to graduate up to 900 nurses who have stayed in their home communities. When they graduate they come back and continue to work there.

Q: What sort of travel is taking place?

Well, we've really evolved over the years. The first program had the faculty from the school of nursing going to that site, generally in an AHEC and preparing and presenting the instruction. Now, with computer-assisted instruction, web-based instruction, videotape and all of the methodologies for distance education, each program is a hybrid of educational methodologies that the students can use to progress through their degrees. Most of the programs invite the students on campus for some socialization, for the "ECU experience", "the Carolina experience" and do have some on-campus experiences for them, but the bulk of their education is offered off-campus in that home community.

Q: What is the distinction between an AHEC distance learning program and a program sponsored solely by a university?

Well, schools can decide to do that on their own. I think the benefit to the school is the tremendous support that that local AHEC offers. And I know when I talked with Phyllis Hornes at ECU, she pretty much has said it's just invaluable support. The AHECs sometimes help with needs assessment to identify the perspective cohort, again to give classroom space and logistical support, financial support, travel support, I mean it's just all types of support that the AHEC program will offer to the school of nursing through the AHEC. So generally I think they find it very useful to do it through the AHECs for the kind of support they receive.

Q: So it's up to the individual school what kind of support they want from the AHECs?

Well, it's whatever the school needs and each arrangement is slightly different, depending on what the program needs. So the AHECs are generally involved in the planning of that off-campus program, continue to provide logistical support, emotional support, encouragement to the students that they see often and are an integral part of the success of those programs.

Q: If you have a specific story to relate about this, please feel free.

Well, I could. When I was at Wake AHEC, we had a program from UNC-CH, a graduate program for nurses, and it was offered at Wake AHEC in Raleigh. And I can remember standing in front of the students and holding up a paper plate and saying now remember to simplify your lives now that you're going to be students and graduate students, and talk with your significant others, your husbands, your spouses, your family and to really arrange your life to be student. And we will help you in any way we can, but we know that this will be a big adjustment and a big transition for you.

Q: Please talk about education and clinical training and how it is an integral part of AHEC's mission.

OK. Well, I think there are 2 major thrusts to AHEC nursing, one the activities that the AHECs engage in to help schools of nursing both with their off-campus programs and also in identifying clinical sites because it's very competitive and schools are sometimes limited in their ability to expand their enrollments because of needing clinical sites, so the AHECs help them find clinical sites, help them identify and develop preceptors and mentors for the students, and that is one whole area where they are extremely helpful to schools of nursing. Then the other area are all of the services and educational, professional, development activities that are available to nurses in the AHEC regions. You can live any where in NC, in our most remote, rural area, but you're in an AHEC. And you have access to the resources in that AHEC. And so it doesn't matter where you live, you are supported in your profession. You have library support. You have the opportunity to attend continuing education programs that keep your practice up-to-date, that expose you to the latest technology in patient care and education, and to innovative practice-delivery models. And then also, I don't know if this is as well known as the CE that the AHECs do, but each of the 9 AHECs and the UNC school of nursing offer a refresher program for RNs to come back into practice, and you practice changes dramatically. So this refresher program has been very successful in helping nurses to ease back into clinical practice. There's a correspondence course that they take and then a precepted one-on-one clinical practicum. And we have been very happy with the graduates who have come back into practice utilizing refresher programs.

Q: How has AHEC impacted advanced practice nursing?

Well, early on, AHEC was an advocate of advanced practice. And I'm sure that anyone who reads the AHEC history finds it fascinating how the nurse practitioner movement

developed on campuses and then off campuses and nurse practitioners were certainly seen as one of the answers to improving access to health care in NC. So the AHEC program from the very start has been a strong advocate of nurse practitioner education.

Q: How did AHEC specifically help the movement?

Well, John, I'm going to tell you what I know, but I'm not as familiar with that part of our history as perhaps Cindy Freund and Audrey Booth would be, but my understanding is that in the beginning, the nurse practitioner programs again needed clinical sites and clinical partners and worked closely with the AHECs so that nurse practitioners could receive some of their clinical training out and about in the state and then would practice their too. The NC AHEC program continues to support advanced practice nursing through all types of opportunities for preceptor reimbursement, we do preceptor training for nurse practitioner students. We are very interested in placing them in our more rural, underserved parts of the state. And there are many support mechanism in place to help that occur..... And I'll just give you a sidebar here. I'm really not that familiar with that early history of the NP movement. That was a little bit before my time.

Q: In general, how does AHEC make professional life better for nurses in NC?

Well, I think the major way that AHEC does that is by really listening to nurses and having them articulate what their educational and professional growth needs are. And then working with those nurses to design strategies to meet those needs. It sounds simple but it's an honor for you to work along side of nurses who are telling you what they need and working with you to design these strategies to help meet these educational needs. I think that's been the most gratifying part of my work with AHEC, working with the AHEC nurses who serve the nurses in their region, seeing the things that are dreamed up and visualized to make their, the nurses' practice up-to-date, more you know really impacted the outcomes for health care in their region. It's been tremendously rewarding to see that the NC AHEC program has been able to have that kind of impact on both nursing practice and on health care outcomes for our citizens.

Q: What is the significance of NC passing the first nursing registration law in the nation?

Well, I think your license is a pact with the consumer. It shows that you have had appropriate education and training to be able to help them when they most need help. So the early registration or licensure or whatever we've called it over the years was very important as a guarantee to the public that the care provider that is caring for you and laying hands on you is well qualified to do that.

Q: What did it mean to nurses then?

Well, I think without that, again, we would have no way to protect the public from all types of providers who may have any untold number or none, I mean no training. So I think that nursing really has been on the forefront of looking at ways to say we are a profession. A profession has a body of knowledge, it has an art and skill component, and

protecting that with licensure so that “I’m a registered nurse.” I know what that means and the public knows what that means and it guarantees something to the public, it guarantees that safe practice.

Q: How was NC able to pass this law before more progressive states?

Well, of course, I wasn’t alive then, but my understanding is that the pioneering spirit of our early nurses. They were just fabulous. And they moved ahead and they saw the need. And we do have great partnerships with many physicians, we have enlightened leadership, in my opinion, in NC. And this is wonderful place to be a health professional. I think we have always had people who were willing to put the public good first, to put territorial issues aside for the public good, and we have moved forward with that kind of leadership and pioneering, risk-taking spirit.

Q: Why do you think this spirit comes from?

Well, I’m not a NC native, so I’m just guessing that the hearty spirit of our very rural state really helped people to cope with all kinds of things. And so they didn’t let little things get them down. And so as barriers presented themselves, I think they had the ability to see where they wanted to go, and they were go to get there. And by golly, we did.

Q: Who are your nursing heroines and how do they affect you and other nursing leaders?

Well, first off I’m so very proud to be a nurse and to be following in the footsteps of our pioneers and our movers and shakers in nursing. You mention Audrey Booth, she’s been a role model of mine for a long time. Just the ability to take the kinds of risks to move nursing forward, to be articulate, to be passionate about nursing. We’ve been so fortunate because those are the leaders that we’ve had. And as I look around me, I think well I better step up to the podium too because that’s the gold standard.

Q: What were Audrey Booth’s most significant contributions?

Well, Audrey has had a career of pioneering activities and it’s really hard to pick a few. But probably one of the more difficult things that she undertook was the NP movement and the whole spirit and leadership that she provided to this new, advanced and expanded role for nurses in NC. I would have to say I would consider that one of her crowning achievements and I would think perhaps she does too. She just provided leadership to all of our nursing organization, the Board, the NCNA. She’s just been extremely active and willing to give so much of herself and her talents to move the nursing profession forward. So, Audrey has just always been one of my personal heroines.

Q: How about obstacles that she overcame?

Well, I think there was a whole educational role that had to occur. What would these advanced practice nurses do? how can we present it so that it wasn’t seen as a threat but

as an opportunity for nurses and an opportunity for our citizens to receive care from these NPs, particularly in our rural and underserved areas where access to care was such a problem. So the whole role of educating people about what a NP could do, how we planned to educate them, the utilization of NPs in our state. It was a huge educational role.

Q: What is the distinction between training a nurse and educating a nurse?

Well, it is controversial. I think in the early days we “trained” nurses and as we evolved into a profession, many nurses found that word not the kind of word they would chose. So we went to “educating” nurses. However, in human resource departments they do “training” for their employees. So the term is still around and is sometimes used interchangeably.

Q: Can you discuss the differences between hospital-based programs, university-based programs and community college-based programs?

Well, of course our early days we had all of our education in hospital schools of nursing. The teaching was done by physicians, generally. And the nurses would staff the wards, and it was not unusual to have to leave a lecture because you needed to be back on the wards. Also, the nurses worked nights and weekends and it was pretty tough. So as the profession evolved and it was seen that we really would like to educate nurses in a professional setting of a university, they began to open up the baccalaureate nursing programs and the education of nurses from the apprentice model that was present in the hospitals, then changed more into the academic university model. Also there was a need to prepare nurses to be administrators and educators and the leadership roles and that was one of the opportunities for the university nursing programs. ANA many years ago, probably in the mid-‘60s, came out strongly in favor of baccalaureate programs as a way for nurses to receive their educational preparation. And so gradually over the years, many of the hospital diploma programs have closed, and we have more associate degree programs than we do have diploma programs. Associate degree programs came about when we have had some severe nursing shortages as one of the ways to prepare nurses who didn’t need 4 years of university education and could receive 2 years of education in the community college and were primarily educated for bedside nursing. And they’ve done a marvelous job of preparing nurses to serve the bedside nurse, to serve at the bedside and have expanded now into some other settings.

Q: Does AHEC interact with community colleges?

Yes, I think there are some services that the AHECs offer to the community college nursing faculty. Many times they will ask on programs on test construction, or the latest ways to give students feedback and we will provide some faculty to them. Also, sometimes they are faculty to the AHEC programs. We work with the community colleges because some of our off-campus RN to BSN programs are held on community

college campuses, such as Johnston Community College in Smithfield. The AHECs also work with the community colleges by helping them to expand their clinical sites and they have an opportunity through the AHECs and the community colleges to work together to develop clinical sites for students.

Q: What should people know about nursing shortages?

Well, we are fortunate in NC because when we had our last serious nursing shortage, we were able to get the Center for Nursing started. And their mission is really to provide information about supply and demand and to help us look at the kinds of nursing resources we need in NC. So that's been extremely helpful. The difficulty with this current nursing shortage is that we have a graying of nursing, just as we have a graying of the population, so many of us are getting older, faculties in schools of nursing are getting older, and young people, particularly the young women who generally chose nursing in the past have many more career options. And so this shortage is different and we are really having to look at and step up our recruitment activities to recruit more young people into nursing. And also to recruit more men. We need to be more successful in bringing men into the profession.

Q: Why is it significant that NC's BON is elected rather than appointed?

Well, I think that most of the other Boards of Nursing do have appointees. And we had that in the past. Now that members of the board can be elected, it gives nursing an opportunity to elect their own representation to a very important board that governs the scope of practice of LPNs and nurses in NC. So, that is a significant opportunity for nurses to have input into electing people they think will serve us well.

Q: What might we see at Mountain AHEC?

OK, well and I do encourage you to visit Mountain AHEC because they have a very broad spread-out, rural mountainous area that they serve and they serve it very well. The AHECs respond to regional needs as well as working together as a coordinated state-wide system on state-wide projects. So you're going to see some state-wide things that every AHEC does such as the RN refresher program, the continuing education workshops to keep nurses current and if they are supporting any off-campus RN to BSN programs. Now, in addition to that, in the regional AHECs, they have health career directors who are working very, very diligently to recruit people into nursing and other health careers. So you're likely to find the AHEC nurses working closely with their health career director and maybe giving puppet shows to elementary school kids, doing some other kinds of camps for junior high school students, also so they can see other health careers and we are particularly interested in recruiting from our minority populations into the health professions. We need to have better representation of our minority populations in the nursing profession. So there's a great deal of activity going on in regards to recruitment. And then, there maybe all types, other kinds of activities related to aging. They probably have someone who is the aging coordinator and the nurses are working closely with that person. And maybe one of the nurses who is taking the lead and they're

really looking at how we are going to get ready for this explosion of older people. What care services do they need? What do our health care providers need to know about giving compassionate, up-to-date geriatric care? So, you would see a lot of activity at that AHEC.

Q: Can you describe your job?

Well, I started at Wake AHEC in 1982, so I have a lot of experience working in a regional AHEC which has been extraordinarily helpful when I came into the liaison position in 1995. I have a role where I interact with 3 systems. I work with all of the AHEC nurses in the 9 regional AHECs on primarily on state-wide initiatives. Then, I provide nursing consultation to the AHEC program office when we are looking at nursing issues. And then lastly, I am in the School of Nursing at Chapel Hill, I am a faculty member there. And part of my role is working with the faculty at the school and helping them to meet the needs that the AHECs have. So our faculty go out and provide workshops and provide technical assistance and consultation and are very active in supporting the AHECs and their educational activities.

Q: Any favorite memories from your days at Wake AHEC?

Well, it was really wonderful working with the nurses and when you would make a site visit and you would talk with the director of nursing and the staff development coordinator and the managers of staff nurses, it was just really gratifying for them to be so open and honest about what their needs were, how we could work together designing strategies, programs or consultation that would help meet these needs. I just enjoyed it tremendously. And as I said, it's gratifying, I can't imagine a more satisfying job than being an AHEC nurse or being the AHEC liaison. It's been wonderful.

Q: Why should the public support and advocate nursing?

Well, you know nursing is a highly regarded profession. We're so pleased when we see the polls and we come out number one in professions where people have trust and feel comfortable with the practitioners. And so I think the public understands that we truly care about our patients and will help them to regain health or help them to die with dignity if that's what called, so I think the partnership between that client or patient and the nurse is like a sacred covenant. We really address it as a covenant between that person and the nurse. What does that person need? How can we help them? It's a very intimate, very caring relationship.

Q: What can the public do to support nursing?

Well, first of all, we'd like you to join us. I think I'd like to encourage everyone who sees this video to think about becoming a nurse. It's a fabulous profession and we would love to have you join us. I would encourage you to think about your sons and daughters and encouraging them to think about nursing as a profession that is deeply satisfying, and provides a wonderful service to the public. You may not get rich, but you can make a

decent living, there's great flexibility in nursing, even for our mature nurses who do not want to work a 12 hour shift, there are all kinds of flexible options. So it's a career that can last you lifetime and I guess I would like the public to just think about joining us in this great adventure of nursing.

Q: What is most unique about the NCNA?

Well, I've been a member of the NCNA for many years. They really are the voice of nursing in our state and in other states. We have lobbyists who understand what is going on the legislative arena, who can help present nursing's case before the legislators, we are very interested in health care issues that come before the legislators and how nursing can be involved in these improved health care outcomes for citizens. I think the other NCNA plays is workforce, workplace advocacy. And being the unit where nurses who are maybe having some difficulties in their workplace can talk to the workplace advocacy unit through NCNA and seek to find some solutions to some of the difficult situations.

Q: Is there anything else you would like to talk about?

Well, I said it earlier but I'm not sure it was on camera when we were chatting. I guess I would just like to say that it's a wonderful place to be, NC, and be a health care provider. There is wonderful cooperation between the nursing organizations. There is support from the General Assembly for all types of educational experiences here. Other states look at us and are just in awe of what is happening in our state.

Q: What sorts of things?

Well, I think we've always had a strong NCNA and they have provided us a voice for organized nursing and they have done it very well. We have a Board of Nursing where the leadership is extraordinary where they not only protect the consumer, which is their role, but are very, very active in looking at scope of practice, making sure nurses have a clear understanding of the different levels of practice in our state. There are new multi-practice compact that they're engaging in is wonderful. And then we have the Center for Nursing which speaks very well for NC to have that type of entity in our state. And of course, my personal favorite, the NC AHEC program with its long history of serving the citizens of the state in increasing the access to health care, in looking at health professions' education, helping them to stay current and up-to-date. We just have system that I don't think can be beaten in any other state.

Q: What are superlatives about NC AHEC?

Well, I think that other states do look at us and we have good support financially both from states and grants and other mechanisms for financial aid from the General Assembly, that support is invaluable. We have a total state-wide system, so every nurse no matter where you live is part of an AHEC. It's coordinated, there's regional autonomy, yet we do work together to provide state-wide outcomes. So I think they look

at the state and they remark how did we get so organized. And, of course, we've had excellent leadership in the NC AHEC program.

Q: Was NC the first state to have an AHEC?

It's because we have so many programs, so many personnel. A lot of the AHECs have little pieces of the state but they are not totally coordinated. And I didn't mention and I should mention that we are a part of the health sciences schools. And we have a partnership with the health sciences schools.

Q: Please talk about that.

And I think the other thing that sets the NC program out, is unique.....

Well, NC was the first state to have an AHEC with those 3 regional locations, then grew to the 9 AHEC centers. And I think other states look at us because we have a huge scope of programming that occurs across the state. We are a coordinated state-wide system and we have our university academic partnerships. So I think that we have had extraordinary leadership to get us to this point and we are very proud of our program.

Q: And thoughts about the future of nursing?

Well, I think one thing that we probably need to do in NC is really consider now the age of our nurse. And if the age of the average nurse is 43 or 44, then we have to look at the workplace. And we have to design a workplace where a mature nurse can really practice. We have to bring in more ergonomics. Maybe 2 nurses could share a 12 hour shift and do 6 hours and 6 hours. But I think we have to take a good look at our workplace settings and see how they could be changed to accommodate a more mature workforce and perhaps learn from other industries and see what they've done.